

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NORTH DAKOTA



ATTORNEY
REGISTRATION FORM
ELECTRONIC CASE FILING SYSTEM

*Name (Last, First, MI): _____

*State Bar Identification Number: _____

*Firm Name/Address: _____

*Telephone Number: _____

Fax Number: _____

Pacer I.D.: _____

*E-mail Address: _____

* Denotes Required Fields

I have read and agree to abide by the terms of the Court's Electronic Case Filing Administrative Procedures, as amended from time to time. I consent to service by electronic means when permitted under applicable rules and the Court's Electronic Case Filing Administrative Procedures.

Attorney Name (please print)

Attorney Signature

Return form to:

U.S. Bankruptcy Court
District of North Dakota
655 1st Ave. N., Suite 210
Fargo, ND 58102-4932

OR

E-mail to: clerks_office@ndb.uscourts.gov